CDC *Vital Signs* Town Hall Teleconference

Adult Smoking in the U.S.
Q & A Transcript

September 13, 2011
2:00pm – 3:00pm EST

Mamie Jennings Mabery: Thank you so much Dr. DeLeeuw and also Dr. Willett for sharing your State interventions and outcomes with us. Also thank you to Dr. Pechacek for your CDC overview.

In just a moment the operator will open all the lines. As a courteous to everyone on the call we ask that each of you mute your phones by pressing star-6 when you are not talking. Operator, can you please open the lines now?

Coordinator: One moment. All lines are open.

Mamie Jennings Mabery: Thank you so much. So now I would like to turn (unintelligible) to Dr. Holzman for his initial comments and thoughts (unintelligible).

Dr. Greg Holzman: Thank you, Mamie. I've never had such a fan club. Thank you.

Mamie Jennings Mabery: Again, if you could please press star-6 to mute your phones, thank you.

Dr. Greg Holzman: I also really want to thank our speakers today (unintelligible) very helpful and informative information. It's encouraging and always interesting for me to look at this in the battles of public health where we spend our days in the trenches.

Sometimes it's hard to see the movement of the needle but when I was sitting here listening to all of this and thinking about the first Surgeon General report coming out almost 50 years ago in 1964, there has been some huge changes. And to use Dr. Willett's comments, smoking has been demoralized in some populations and some areas, but this talk highlighted once again that that's not true in all populations and all communities.

In public health tobacco is still a major public health program with the huge death rate of 443,000 of people and being the number one preventable cause of death. And also - and the reading shows, for everyone that dies there's 20 more people that are suffering for some kind of morbidity secondary to tobacco. So this issue has a huge financial and societal and personal cost to all of us as so well illustrated in today's talk.

I have a lot of different questions but I want to first open it up to the folks on the phone to ask their questions because I have these speaker's numbers so I can call them individually if I need to but if there's not anything I'll move on to one of my questions. Operator, is there any...

Coordinator: All lines are open. They can ask a question whenever they would like.

Mamie Jennings Mabery: Excellent.

Dr. Greg Holzman: All right, I'm going to throw a question out to really any of our speakers but a big question and something I often hear about in public health is that - I'm stealing the quote from someone else and I with I remember who said it but when public health is in tough times we talk to ourselves and when we're in real tough times we talk to academia.

How do we in public health get this message that we all - in public health, under tobacco control programs, get this information out to the communities that the tobacco problem, tobacco epidemic is not over, and that we still have so much more to do and it is still having a huge effect on our society?

Dr. Jeffrey Willett: This is Jeff Willett. I'll go ahead and provide my response. I mean I think communication about our issues whether it's tobacco control, whether it's obesity prevention, whether it's asthma, injuries, etc. Communication is really a key part of our job and often times we overlook that.

We need to communicate to the public, to decision makers why our work is important, why it's essential. You know, in tobacco control we have effective intervention that can reduce tobacco use. We need to talk about, of course, the health impacts of that, you know, in the current climate but also the economic impact of reducing tobacco use.

So in the New York State Department of Health we have a very strong relationship with our public affairs group. We have a strong health communications campaign that's run by the Health Department that has a very strong tobacco (unintelligible).

And we also, as I mentioned, we work through our local partners to ensure that strong tobacco control message are getting out there. When possible we provide training to our staff and our partners, you know, how to engage the media, how to frame message, how to use data, all of that. So it's really a skill set that I think is important for anyone working in public health.

Dr. Greg Holzman: Thank you.

Mamie Jennings Mabery: Other questions?

(Jay): Yes, this is (Jay) from California.

Mamie Jennings Mabery: Go ahead, (Jay).

(Jay): Question for Karen. I work at the - at a county level but I see the writing on the wall in terms of combining chronic disease prevention, consolidating I suppose. And it does make sense to me but can you tell me where did the leadership arise in your situation? How did that sort of take form in terms of generating the momentum and commitment to undertaking that kind of a change project?

Karen DeLeeuw: One of the first things that happened is, you know, we did - we were assessed on the public health performance standards and we scored really low in a lot of things. And I think in particularly in the area of evaluation and data and in policy oddly enough.

So we realized that those kinds of things really couldn't be tackled from a categorical approach. They needed to be tackled more holistically. And so that was the impetus for having us bring all our evaluation and epidemiology and data and surveillance into one branch so we could really build the capacity of that branch.

And then I think from the success of that and really seeing that by doing that people had access to - all the categorical programs had much better access to a broader range of skill sets, which are instrumental in terms of that being a core function of public health.

So instead of each categorical program, for example, having a program evaluator they could have someone who knew survey design, data collection,

evaluations, things like that. And I think it really started to up the quality of that type of work we were doing at the State level.

So I think once we began to see that work we thought, well, we have all these programs providing technical assistance separately, we have all these programs developing separate plans, and wouldn't it make sense if we could increase those functional skill sets of everyone at the same time. And I think that was the initial sort of driver of that was just us wanting to do a better job.

(Jay): Thank you.

(Chris Squire): This is (Chris Squire) in Iowa. We've had a decade of success in tobacco control, much as was described by the speakers. But we're now living in a new political reality. We're facing decimation of tobacco control budgets, a legislature that will not support tax increases, constant attacks on smoke-free air acts. What are the strategies to deal with this new reality?

Karen DeLeeuw: This is Karen. And one of the things, and I think this sort of begins to be one of the benefits of integration for tobacco control is that, you know, to the extent that your chronic disease programs really understand and support tobacco control in a very fundamental way you're always going to have, you know, a tobacco control program integrated into what you're doing.

You know, I certainly understand the concerns you have about both the - perhaps the political and economic climate. You know, and if you've been in tobacco control, a lot of us have gone through very difficult times and we have survived those times one way or another. And, you know, things change and we come back. We look at the new evidence and, you know, we just get right back to work.

I mean you can't argue with the fact that this still remains the leading cause of preventable death. It is still taking an incredible human and economic toll on this country. If that money were freed up we could solve so many problems. So I appreciate and certainly empathize with the situation you're in but, you know, you just got to hang in.

Dr. Terry Pechacek: Yes, this is Terry Pechacek. One of the reasons why we focus on the - putting out the guidance documents, which is best practice on the evidence based, is to reinforce the ability of you to go to the policy makers and say that, there are some things which are unequivocally supported by the public. They want you to be prevented from smoking.

There's broad consensus that non-smokers should be protected from involuntary exposure. The manner in which these things are accomplished - once these kind of generally accepted goals lead back to these evidence-based strategies.

I realize that there's a - it's a political uphill battle sometimes with the more policy-related interventions but the evidence shows, as Jeff was showing, and as the individual State analyses are showing, and as we put out in best practices, that these are the most efficient and effective ways of accomplishing these broadly accepted public health goals.

One of the things that we have to emphasize is that we are trying to spend resources very effectively and efficiently and that's what Jeff was trying to show in the pyramid and that's what we're trying to show with Karen's discussions from Colorado.

We're trying to do it in an integrated fashion that is reducing our healthcare burden across many chronic diseases in the most efficient and effective

fashion. And those strategies tend to be policy and environmental strategies. And so in these times of tight budgets we have to sell our efficiency and effectiveness. The bottom line is tobacco control programs are one of the best returns on investment.

For each dollar invested in tobacco control the most conservative estimates are that we get multiple dollars paid back in terms of reduced healthcare costs and some estimates as high as $50 per dollar invested over the 20 year period in California.

Very few public health programs can show a positive return on investment in relative short period of times but tobacco control can. And therefore, in tight economic times the message that I use with the conservative fiscal Chairman and other types of people is say we are aware that this - throwing money at public health problems is not a good idea.

However, investing in effective, evidence-based programs can be the solution and can be the way in which we can deal with the economic challenges that the State is facing. It's an uphill battle but we actually have the evidence to help argue that battle.

(Don Shell): And this is (Don Shell) from Maryland with a question for Dr. Willett.

Jeffrey Willett: Yes.

(Don Shell): Dr. Willett I was intrigued by your presentation and when you talked about your successes you included a portion on Medicaid covered coverage and on clinician involvement. And want to just know, with your Medicaid coverage do you have any idea the cost to the State from increasing benefits for tobacco cessation?

Secondly, did you try the private insurers or the HMOs also?

And then thirdly, with your clinicians, did you have any experience with your mental health, behavioral health, or substance abuse providers working with them to promote tobacco cessation?

Jeffrey Willett: Okay, great questions. First, with regard to cost, we do track the costs associated with New York State's Medicaid benefits so there are two components to the benefit. There's a pharmacotherapy benefit, Chantix, Zyban, NRT, etc. are covered and then smoking cessation counseling. Our clinicians are reimbursed for the time they spend counseling patients in tobacco cessation.

So we do track the costs. There are obvious costs associated with providing benefits but there's a strong return on investment as Terry mentioned. And our Medicaid program has tracked utilization and tracked those costs for the - pharmacotherapy benefit has been in effect for a decade or so. And over the last three years there have been incremental expansions in the benefit to ensure that more smokers are covered.

So over the last three years we've expanded the counseling component from just pregnant women to all smokers. Our Medicaid program and our State are convinced that there is a strong return on investment and the continued - you know, expansion of the benefits to this point and continued promotion and expansion of use of these benefits is going to be essential in driving down smoking rates in our Medicaid population.

In - New York State spends approximately $3.3 billion dollars a year in Medicaid related smoking caused healthcare costs. So it's a tremendous

problem and these benefits and utilization are part of the solution to that problem.

We - you know, we do work with private insurers a bit but haven't done anything to mandate coverage from the State perspective. I think when folks over time see the impact that we're seeing through our Medicaid program they will - you know, more health benefits but especially more employers.

It's really the employers who need to provide different benefit packages to their employees. I think most if not all the health plans in New York State have a smoking cessation component but it's just ensuring that that's utilized.

And then with clinicians, we are increasingly working with behavioral health providers. Our program has a relationship with the Office of Mental Health here in the State and we are - the Office of Mental Health has a strategic plan for addressing tobacco dependence in its population which is increasing - I mean an incredible problem.

Individuals with serious mental illness have life expectancies that are 25 years less than general population, much of that is attributed to smoking related illnesses. So yes, we do have that partnership. Of course, there are a unique set of issues with whatever population you're working with certainly with behavioral health providers and people with mental illness.

However there are a lot of underlying commonalities. Tobacco uses a tremendous health threat. There are interventions that are effective at reducing tobacco use, at supporting people who want to quit.

So, you know, we focus on the commonalities when we're working with providers across different sectors of healthcare.

Karen DeLeeuw: And this is Karen. We have had some enormous success with getting the private insurers to pay the quit line directly for the use of the quit line among their members. And we'd be happy to talk to you about that offline. And also have had some long standing initiatives related to substance abuse and mental illness that we've been working on so happy to share those.

(Don Shell): Thank you very much.

Dr. Terry Pechacek: I have one other - this is Terry Pechacek. I'll add one other very important example and that's the State of Massachusetts, which with the universal coverage, Mass Health extension in 2006. They prompted the smoking cessation benefit in their Medicaid population. It's called something else but the Medicare program and were able to over a two-year period reduce the smoking prevalence in that population from 34% down to 28%.

About 6% absolute six percentage point reduction in smoking prevalence which they had documented changed the hospital admission rate in their Medicaid population, particularly for acute cardio - coronary syndrome, cardiovascular events, and other acute respiratory illnesses such that the immediate - one to two year return on investment in hospitalizations.

Not even counting the outpatient impacts, were extremely positive and documented what we already know that the healthcare costs of tobacco in these populations is one of the major driving forces in the Medicare crisis that all of you are facing and that rapid implementation of a broad policy that opens up the cessation benefit is one of the ways of lowering the trajectory of the increasing healthcare costs in your Medicaid population.

Mamie Jennings Mabery: We have time for probably one more question. Going once? Going twice? Anybody else? Well, thank you very much.

Before we close let's take a moment and look at the next to last slide in the PowerPoint presentation. This is where you can find a number of links to help you integrate *Vital Signs* into your website and social media channels for free. You can become a fan on Facebook. You can follow us on Twitter. You can syndicate *Vital Signs* that it automatically appears and updates on your website and - at no charge. You can download interactive buttons and banners for use on your site.

The last slide has our email address, which is OSTLTSFeedback@cdc.gov. We would love to hear from you, how valuable you have found this presentation today, perhaps some ideas for some other topics you would like to have us discuss. Please let us know how we can improve these teleconferences so they can be more beneficial to you.

Karen DeLeeuw and Doctors Jeffery Willett and Terry Pechacek, thank you everyone for participating and thank you for joining us today.

Before we close Dr. Holzman would like to make one announcement.

Dr. Greg Holzman: Yes, thank you Mamie. I also wanted to follow up on Dr. Willett's comment about communication. With all the communication and all the different vehicles we have out there, one of the things to get more people under out (unintelligible) of understand how important tobacco control is is the two products that are coming out from the CDC, Did You Know and Have You Heard.

Did You Know being the science from the CDC out into the field. And have you heard actually being stuff that's happening in the field, innovations, best practices, challenges coming back to the federal government and of course, going out throughout.

Those are good documents that are easy to pass along further beyond our - just our public health community to get more people to quickly understand and see some of the highlights of what's going on in public health and why public health - what public health means to our community. So, I would recommend that you look at those and also to - if you see value in them to pass them on.

Of course, using that same feedback that was mentioned before, if you have any comments or concerns or suggestions regarding those please let us know through that feedback mechanism.

And also, for all of you out in the field, we definitely want to hear from you and highlight some of the great work that you are doing. Tomorrow's Have You Heard will be focusing, again, on this important topic of tobacco control and we'll be highlighting some practices - have had some great successes out there in this area.

So once again, thank you, and thank you to our speakers.

Mamie Jennings Mabery: And we hope you will join us for our next town hall meeting, that will be on October 11 and we will be talking about drinking and driving, very, very important topic. So thank you all and we look forward to joining us on October 11.

Coordinator: Thank you, that does conclude the conference call for today. Thank you for participating and you may disconnect.